

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
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TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	19	↔	↔	↔	↔	↔
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**Best Available Copy**